

CREDIT APPLICATION

Fax To: (818) 780-3168

Complete Name of Business: _____

Billing Address: _____

Shipping Address: _____

Telephone: _____ Fax: _____

Type of Business: _____ Years in Business: _____ # of Locations _____

Corporation Sole Proprietorship Partnership

Principals or Partners: _____ (If Sole Prop./Partn)

Name: _____ Title: _____ Soc. Sec. # _____
 Name: _____ Title: _____ Soc. Sec. # _____
 Name: _____ Title: _____ Soc. Sec. # _____

If a Corporation, Tax Payer ID # (TIN): _____

Resale Tax Number: _____ Number of Employees: _____

Accounts Payable Contact: _____ Purchasing Agent: _____

Credit Line Requested: \$ _____ Annual Sales: _____

Trade References:

<u>Vendor</u>	<u>Address</u>	<u>City/State/Zip</u>	<u>Fax No.</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Bank References:

Bank & Branch: _____

Address: _____

Bank Officer: _____ Telephone: _____

Bank Checking Account: _____

The information and statements in this application are true and complete, and made for the purpose of inducing you to establish an open account line of credit. You are hereby authorized to obtain any information you consider necessary from any source concerning the statements in this application. In consideration of, and in order to induce you to establish an open account like of credit based on the foregoing application, the undersigned promises to pay for all purchases in accordance with your terms of sale. If any time, for any reason, the undersigned is unable to pay for said purchases when due, the undersigned agrees to pay and authorize you to bill my/our account, interest computed at the legal rate of 2% per month, any past due amount owing on my/our account. In the event that it becomes necessary for your company to incur collection costs or institute suit to collect any amounts due under this agreement or any portion thereof, the undersigned promises to pay such additional collection costs, charges and expenses including reasonable attorney's fees if the account is placed in the hands of any attorney for collection.

Signature (s): _____ Date: _____

Title: _____ Telephone: _____